

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SYSTEM FOR A DENTAL FILLING MATERIAL OR IMPLANT MATERIAL, AND POWDERED MATERIAL, HYDRATION LIQUID, IMPLANT MATERIAL AND METHOD OF ACHIEVING BONDING
Attorney Docket Number::	1510-1097
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LEIF  
Middle Name::  
Family Name:: HERMANSSON  
Name Suffix::  
City of Residence:: UPPSALA-- LANNA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing ~~STENBROHULTSVAGEN 20, 3 TR~~  
Address:: LANNA GARD  
City of Mailing Address:: UPPSALA LANNA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: ~~S-757-58~~ 740-11

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LARS  
Middle Name::  
Family Name:: KRAFT  
Name Suffix::  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing ULLSAXVAGEN 17  
Address::  
City of Mailing Address:: UPPSALA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-756 48

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HAKAN  
Middle Name::  
Family Name:: ENGQVIST  
Name Suffix::  
City of Residence:: KNIVSTA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing MARGARETAVAGEN 12  
Address::  
City of Mailing Address:: KNIVSTA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-741 44

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: NILS-OTTO  
Middle Name::  
Family Name:: AHNFELT  
Name Suffix::  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN

Street of Mailing                   NORDHEMSVAGEN 5A  
Address::  
City of Mailing Address::           UPPSALA  
State or Province of Mailing Address::  
Country of Mailing Address::        SWEDEN  
Postal or Zip Code of Mailing Address:: S-756 46

Applicant Authority Type::         Inventor  
Primary Citizenship Country::       SWEDEN  
Status::                            Full Capacity  
Given Name::                        JESPER  
Middle Name::  
Family Name::                        LOOF  
Name Suffix::  
City of Residence::                 UPPSALA  
State or Province of  
Residence::

Country of Residence::             SWEDEN  
Street of Mailing                 LUTHAGSESPLANADEN 26B  
Address::  
City of Mailing Address::           UPPSALA  
State or Province of Mailing Address::  
Country of Mailing Address::        SWEDEN  
Postal or Zip Code of Mailing Address:: S-752 24

Applicant Authority Type::         Inventor  
Primary Citizenship Country::       SWEDEN  
Status::                            Full Capacity  
Given Name::                        JAN-ERIK  
Middle Name::  
Family Name::                        SCHULZ-WALZ  
Name Suffix::  
City of Residence::                 HAMBURG

State or Province of

Residence::

Country of Residence:: SWEDEN GERMANY

Street of Mailing DOROTHEENSTR. 14

Address::

City of Mailing Address:: HAMBURG

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN GERMANY

Postal or Zip Code of Mailing Address:: S-22301

#### Correspondence Information

Correspondence Customer 00466

Number::

#### Representative Information

Representative Customer	00466
Number::	

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00954	6/11/03

#### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0201920-6	6/20/02	Yes
SWEDEN	0201921-4	6/20/02	Yes
SWEDEN	0202998-1	10/9/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::